

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO.
09/622184

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4	1		1			
5	1		1			
6	2		2			
7	3		2			
8	3		2			
9	3		1			
10	2		5			
11	3		3			
12	3		3			
13	3		3			
14	3		3			
15	3		3			
16	3		3			
17	3		3			
18	3		3			
19	3		3			
20	3		3			
21	3		3			
22	3		2			
23	3		3			
24	3		3			
25	3		3			
26	3		3			
27	3		3			
28	3		3			
29	3		3			
30	3		3			
31	3		3			
32	3		3			
33	3		3			
34	3		3			
35	1		1			
36			1			
37			1			
38			1			
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47						
48						
49						
50						
TOTAL IND.	1	1	4	1	1	1
TOTAL DEP.	84	84	89	89	89	89
TOTAL CLAIMS	88	88	93	93	93	93

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS